

## NURSE DELEGATION: INSTRUCTIONS FOR NURSING TASK

Page	of	
raye		

NAME OF RESIDENT (LAST, FIRST, MIDDLE INITIAL)		DATE OF BIRTH (MM/DD/YYYY)		CLIENT ID NUMBER			
TASK TO BE DELEGATED							
Procedures/steps to follow to perform the task (include procedure for contacting RN for additional help)	Predictable outcomes and how to deal with them (include effects of medication)		Potential risks/side effect and appropriate actions to deal with them (include what to observe for and report, what to do, and whom to contact)				
Call the Delegating Nurse (RND) whenever:							
Medications Change New Orders are Received Client is Admitted to ER, Nursing Home, Hospital Client Moves to Another Home							
RND SIGNATURE			TELEPHONE NUMBER	t .	DATE		

DSHS 13-678 Page 2 (REV. 02/2004)